



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE

Martin's Point Generations Advantage, Inc.

NAIC Group Code00000000NAIC Company Code15850Employer's ID Number47-4682941

Organized under the Laws ofMaine, State of Domicile or Port of EntryME

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized07/31/2015Commenced Business01/01/2016

Statutory Home Office331 Veranda StreetPortland , ME, US 04103

Main Administrative Office331 Veranda StreetPortland , ME, US 04103207-774-5801

Mail AddressPO Box 9746Portland , ME, US 04104-5040

Primary Location of Books and Records27 Northport DrivePortland , ME, US 04103207-253-6224

Internet Website Addresswww.martinspoint.org

Statutory Statement ContactCharles Nicholas Hadiaris207-253-6224

OFFICERS

PresidentDavid Hermon Howes MD

SecretaryDavid Emery Currier

TreasurerEdward Charles Dupont Jr

OTHER

Daniel Bruce Chojnowski, Chief Financial Officer

Sandra Lynn Monfiletto #, Chief Operating Officer-DS/Shared Services

DIRECTORS OR TRUSTEES

Robert Adair Moore Chair	Paul Francis Kasuba MD, Vice Chair	Edward Charles Dupont, Jr Treasurer
David Hermon Howes MD, President	Michael Eric Thomas	Barbara Elizabeth Tretheway JD
Daniel Kent Onion MD	James Alexander Hester, Jr PhD	Ronald Fitzjohn Dixon MD
Edward Stewart McKersie #		

State ofMaineSS:

County ofCumberland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

David Hermon Howes MDPresident

Daniel Bruce ChojnowskiChief Financial Officer

Sandra Lynn MonfilettoChief Operating Officer-DS/Shared Services

Subscribed and sworn to before me this day of

a. Is this an original filing? Yes [ X ] No [ ]

b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....

\*15850201744000100\*

Statement of Actuarial Opinion



MARTIN’S POINT®  
HEALTHCARE

Statement of Actuarial Opinion as of December 31, 2017

Martin’s Point Generations Advantage, Inc.

TABLE of KEY INDICATORS

This Opinion is	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Scope Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Reliance Section	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Opinion Section	<input type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input checked="" type="checkbox"/> Revised Wording	
Relevant Comments			<input type="checkbox"/> Revised Wording	
<input type="checkbox"/> The Actuarial Memorandum includes “Deviation from Standard” wording regarding conformity with an Actuarial Standard of Practice				

IDENTIFICATION

I, Daniel Quinn, Senior Actuary, am an employee of Martin’s Point Health Care, Inc. and a member of the American Academy of Actuaries. I was appointed on September 16, 2016 in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

**\*15850201744000100\***

**Statement of Actuarial Opinion**

**SCOPE**

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities, and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2017.

<u>Annual Statement Reference Item</u>	<u>Amount</u>
A. Claims unpaid (Page 3, Line 1)	\$35,782,990
B. Accrued medical incentive pool and bonus amounts (Page 3, Line 2)	\$2,256,515
C. Unpaid claims adjustment expenses (Page 3, Line 3)	\$1,400,293
D. Aggregate health policy reserves (Page 3, Line 4)	\$434,528
E. Aggregate life policy reserves (Page 3, Line 5)	\$0
F. Property/casualty unearned premium reserves (Page 3, Line 6)	\$0
G. Aggregate health claim reserves (Page 3, Line 7)	\$0
H. Other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement, as follow:	
1. Liability for amounts held under uninsured plans (Page 3, Line 22)	\$2,575,115
I. Specified actuarial items presented as assets in the annual statement, as follow:	
1. Accrued retrospective premiums (Page 2, Line 15.3)	\$27,928,928
2. Amounts receivable relating to uninsured plans (Page 2, Line 17)	\$1,339,638
3. Health care and other amounts receivable (included in Page 2, Line 24)	\$8,638,709

**RELIANCE**

In forming my opinion, I relied upon data prepared by Daniel Chojnowski, Chief Financial Officer, and Manuel Gaidola, Director of Medicare Revenue Operations, as certified in the attached statements. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit, Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

**OPINION**

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

**\*15850201744000100\***

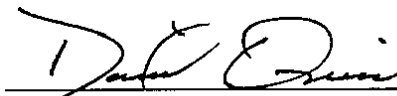
**Statement of Actuarial Opinion**

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- A. Are in accordance with accepted actuarial standards, consistently applied, and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- C. Meet the requirements of the Insurance Laws and regulations of the State of Maine and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end;
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit, Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

  
\_\_\_\_\_  
Signature of Actuary

Daniel Quinn, FSA, MAAA  
\_\_\_\_\_  
Printed Name of Actuary

Martin's Point Health Care  
331 Veranda Street  
Portland, ME 04103  
\_\_\_\_\_  
Address of Actuary

207-253-6991  
\_\_\_\_\_  
Telephone number of Actuary

February 20, 2018  
\_\_\_\_\_  
Date Opinion was Rendered

**\*15850201744000100\***

**Statement of Actuarial Opinion**

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**MARTIN'S POINT®**  
HEALTHCARE

**Martin's Point Generations Advantage, Inc**

**Data Reliance Statement for December 31, 2017 Actuarial Certification**

I, Daniel Chojnowski, Chief Financial Officer of Martin's Point Health Care, Inc. hereby affirm that the listings, summaries, and analyses relating to data prepared for and submitted to Daniel Quinn in support of his actuarial opinion were prepared under my direction and, to the best of my knowledge and belief, are substantially accurate and complete and the same as, or derived from, the records and other data which form the basis of the annual statement for the year ended December 31, 2017.

Signature:   
Printed Name: Daniel Chojnowski  
Title: Chief Financial Officer  
Date: February 16, 2018

**\*15850201744000100\***

## **Statement of Actuarial Opinion**

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**MARTIN'S POINT®**  
HEALTHCARE

**Martin's Point Generations Advantage, Inc**

**Data Reliance Statement for December 31, 2017 Actuarial Certification**

I, Manuel Gaidola, am employed by Martin's Point Health Care, Inc. as Director of Medicare Revenue Operations. I hereby affirm that the listings, summaries, and analyses relating to Accrued Retrospective Premiums prepared for and submitted to Daniel Quinn in support of his actuarial opinion were prepared under my direction and, to the best of my knowledge and belief, are substantially accurate and complete and the same as, or derived from, the records and other data which form the basis of the annual statement for the year ended December 31, 2017.

Signature:

Printed Name: Manuel Gaidola

Title: Director, Medicare Revenue Operations

Date: February 16, 2018

Martin's Point Generations Advantage  
891 Washington Avenue | PO Box 9746 | Portland, Maine 04104  
[MartinsPoint.org/Medicare](http://MartinsPoint.org/Medicare)

## ADDITIONAL STATEMENT PAGES

### *State of Maine*

### *Department of Professional & Financial Regulation Bureau of Insurance*



### *Certificate of Compliance*

WHEREAS, MARTIN'S POINT GENERATIONS ADVANTAGE, INC. located at 27 NORTHPORT DR, PORTLAND, ME, has complied with all the requirements of the MAINE INSURANCE CODE applicable to said company:

NOW, THEREFORE, I, the undersigned, Superintendent of Insurance of the State of Maine, do certify that MARTIN'S POINT GENERATIONS ADVANTAGE, INC. is authorized to transact the following lines of business in accordance with the provisions of its charter and the laws of the State of Maine.

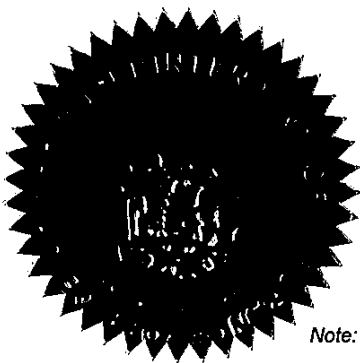
#### Licensed Authorities

02-HEALTH

IN WITNESS WHEREOF, *I have set my hand and the seal of office at Augusta, on January 9, 2018.*

A handwritten signature in cursive script, reading "Eric A. Cioppa".

Eric A. Cioppa  
Superintendent of Insurance



*Note: The numbers next to the authorities are specific to Maine and are consistent with the authority codes listed on the certificate of authority (license).*

Form 9-CC

CERTIFICATE OF COMPLIANCE

*The State of New Hampshire*



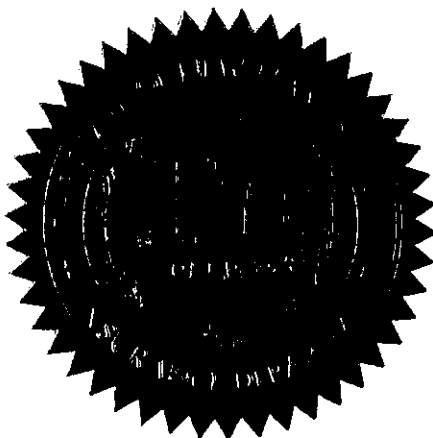
*Office of the Insurance Commissioner*

IT IS HEREBY CERTIFIED THAT

**MARTIN'S POINT GENERATIONS  
ADVANTAGE, INC.**

Is organized under the laws of the State of Maine, has complied with all requirements thereof, and is authorized to transact the business of Medicare Advantage Health Maintenance Organization plans per RSA 420-B in this State.

***IN WITNESS WHEREOF***, I have hereunto set my hand and affixed the official seal of the Insurance Department at the City of Concord, this **31<sup>st</sup>** day of **December 2017**.



A handwritten signature in black ink, appearing to read "R. A. Sevigny".

Roger A. Sevigny  
Insurance Commissioner





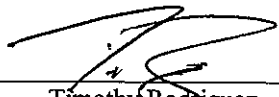
State of Maine

OFFICE OF THE STATE TREASURER

CERTIFICATE OF DEPOSIT

I, Timothy Rodriguez, Director of Internal Operations for the State of Maine Treasurer, do hereby certify that Martin's Point Generations Advantage, a corporation located at Portland, ME, has deposited with me, as Director of Internal Operations aforesaid, the securities enumerated on the schedule below, as required by such of the provisions of the Statutes of Maine as are applicable to the corporation in whose behalf this certificate is issued; that said securities are held by me, as Director of Internal Operations aforesaid, on deposit and in trust for the benefit of all policyholders and creditors of said Company; that said securities are of the amount and par value shown below.

IN WITNESS WHEREOF, I have hereunto set my hand, at the city of Augusta, this 16th day of January 2018.

  
Timothy Rodriguez  
Director of Internal Operations

SCHEDULE

Par Value or Amount	Security	Rate	Maturity
<b>As of 12/31/17</b>			
\$100,353.95 – market value	First American Treas Oblig Fd Cusip#31846V542		

Form 9-CD

CERTIFICATE OF DEPOSIT

*The State of New Hampshire*



*Office of the Insurance Commissioner*

IT IS HEREBY CERTIFIED THAT

**MARTIN'S POINT GENERATIONS  
ADVANTAGE, INC.**

A Corporation organized under the laws of the State of Maine who has made with this Department a deposit of the following approved security:

**\$500,000 TDAM Money Market Fund #107**

That said deposit is made by said company for the benefit, security and protection of all its policyholders and creditors in the United States and that said deposit is held by this Department for such purposes; that said securities are of the class permitted by the laws of this State.

*IN WITNESS WHEREOF*, I have hereunto scribed my name and affixed the official seal of the Insurance Department at the City of Concord, this 31<sup>st</sup> day of **December 2017**.



A handwritten signature in black ink, appearing to read "RAS", written over a horizontal line.

Roger A. Seigny  
Insurance Commissioner

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	36,036,836		36,036,836	34,508,363
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....	17,108,128		17,108,128	13,773,223
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....			0	0
encumbrances) .....				
4.2 Properties held for the production of income (less				
\$ .....			0	0
encumbrances) .....				
4.3 Properties held for sale (less \$ .....			0	0
encumbrances) .....				
5. Cash (\$ .....	16,413,205			
, Schedule E - Part 1), cash equivalents				
(\$ .....	678,188			
, Schedule E - Part 2) and short-term				
investments (\$ .....	0			
, Schedule DA) .....	17,091,393		17,091,393	14,197,326
6. Contract loans, (including \$ .....			0	0
premium notes) .....				
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	70,236,357	0	70,236,357	62,478,912
13. Title plants less \$ .....			0	0
charged off (for Title insurers				
only) .....				
14. Investment income due and accrued .....	203,889		203,889	142,692
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,173,362	408,890	764,472	620,482
15.2 Deferred premiums and agents' balances and installments booked but				
deferred and not yet due (including \$ .....				
earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....	27,928,928			
) and				
contracts subject to redetermination (\$ .....			27,928,928	23,497,685
) .....	27,928,928			
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....	1,339,638	1,098,993	240,645	1,702,355
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets				
(\$ .....			0	0
) .....				
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	494,128		494,128	0
24. Health care (\$ .....	0	8,638,709	0	0
) and other amounts receivable .....	8,638,709	8,638,709		
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25) .....	110,015,011	10,146,592	99,868,419	88,442,126
27. From Separate Accounts, Segregated Accounts and Protected Cell			0	0
Accounts .....				
28. Total (Lines 26 and 27)	110,015,011	10,146,592	99,868,419	88,442,126
DETAILS OF WRITE-INS				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. ....			0	0
2502. ....			0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	35,782,990		35,782,990	32,345,477
2. Accrued medical incentive pool and bonus amounts .....	2,256,515		2,256,515	2,868,849
3. Unpaid claims adjustment expenses .....	1,400,293		1,400,293	834,910
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	434,528		434,528	3,894,263
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserves .....			0	0
7. Aggregate health claim reserves .....			0	0
8. Premiums received in advance .....	498,749		498,749	455,697
9. General expenses due or accrued .....			0	29,557
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....			0	0
10.2 Net deferred tax liability .....			0	0
11. Ceded reinsurance premiums payable .....			0	0
12. Amounts withheld or retained for the account of others .....			0	807,300
13. Remittances and items not allocated .....			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....			0	3,927,932
16. Derivatives .....			0	0
17. Payable for securities .....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers) .....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans .....	2,575,115		2,575,115	0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	42,948,190	0	42,948,190	45,163,985
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX		
27. Preferred capital stock .....	XXX	XXX		
28. Gross paid in and contributed surplus .....	XXX	XXX	150,100,000	150,100,000
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(93,179,772)	(106,821,859)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	56,920,228	43,278,141
34. Total liabilities, capital and surplus (Lines 24 and 33) .....	XXX	XXX	99,868,418	88,442,126
DETAILS OF WRITE-INS				
2301. ....			0	0
2302. ....			0	0
2303. ....			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above) .....	0	0	0	0
2501. Federal Affordable Care Act Assessment .....	XXX	XXX		0
2502. ....	XXX	XXX		0
2503. ....	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	XXX	XXX	0	0
3001. ....	XXX	XXX		0
3002. ....	XXX	XXX		0
3003. ....	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above) .....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	499,101	460,820
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	390,687,185	329,279,875
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	0	0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	345,461	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	391,032,646	329,279,875
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		281,298,570	253,738,068
10. Other professional services .....		0	0
11. Outside referrals .....		0	0
12. Emergency room and out-of-area .....		0	0
13. Prescription drugs .....		55,733,822	48,894,471
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		3,749,304	5,523,812
16. Subtotal (Lines 9 to 15) .....	0	340,781,696	308,156,351
<b>Less:</b>			
17. Net reinsurance recoveries .....		0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	340,781,696	308,156,351
19. Non-health claims (net) .....			0
20. Claims adjustment expenses, including \$ .....6,085,508 cost containment expenses .....		11,873,339	9,611,311
21. General administrative expenses .....		27,900,801	25,334,705
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	380,555,836	343,102,367
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	10,476,810	(13,822,492)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		1,123,505	599,784
26. Net realized capital gains (losses) less capital gains tax of \$ .....		(110,039)	30,615
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,013,466	630,399
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )] .....		0	
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	11,490,276	(13,192,093)
31. Federal and foreign income taxes incurred .....	XXX		
32. Net income (loss) (Lines 30 minus 31) .....	XXX	11,490,276	(13,192,093)
<b>DETAILS OF WRITE-INS</b>			
0601. Risk Sharing Revenue .....	XXX	345,461	0
0602. ....	XXX		0
0603. ....	XXX		0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	345,461	0
0701. ....	XXX		0
0702. ....	XXX		0
0703. ....	XXX		0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			0
1402. ....			0
1403. ....			0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. ....			0
2902. ....			0
2903. ....			0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	43,278,141	36,864,809
34. Net income or (loss) from Line 32 .....	11,490,276	(13,192,093)
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	2,984,738	975,250
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....		
39. Change in nonadmitted assets .....	(832,927)	(2,469,825)
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	21,100,000
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....	0	0
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	13,642,087	6,413,332
49. Capital and surplus end of reporting period (Line 33 plus 48)	56,920,228	43,278,141
DETAILS OF WRITE-INS		
4701. ....		0
4702. ....		0
4703. ....		0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	382,564,297	325,177,161
2. Net investment income .....	1,116,654	771,586
3. Miscellaneous income .....	742,499	(2,519,600)
4. Total (Lines 1 through 3) .....	384,423,450	323,429,147
5. Benefit and loss related payments .....	337,956,517	304,741,820
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	36,300,482	34,598,724
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0	0
10. Total (Lines 5 through 9) .....	374,256,999	339,340,544
11. Net cash from operations (Line 4 minus Line 10) .....	10,166,451	(15,911,397)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	25,107,367	25,519,784
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	45
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	25,107,367	25,519,829
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	26,800,215	25,757,151
13.2 Stocks .....	350,166	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	9	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	27,150,390	25,757,151
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(2,043,024)	(237,322)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	21,100,000
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	(5,229,360)	2,794,129
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(5,229,360)	23,894,129
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	2,894,067	7,745,410
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	14,197,326	6,451,916
19.2 End of year (Line 18 plus Line 19.1) .....	17,091,393	14,197,326

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

2



## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin's Point Generations Advantage, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....				.0
2. Medicare Supplement .....				.0
3. Dental only .....				.0
4. Vision only .....				.0
5. Federal Employees Health Benefits Plan .....	.0			.0
6. Title XVIII - Medicare .....	390,687,185			390,687,185
7. Title XIX - Medicaid .....	.0			.0
8. Other health .....				.0
9. Health subtotal (Lines 1 through 8) .....	390,687,185	.0	.0	390,687,185
10. Life .....	.0			.0
11. Property/casualty .....	.0			.0
12. Totals (Lines 9 to 11)	390,687,185	0	0	390,687,185

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	333,594,879						333,594,879			
1.2 Reinsurance assumed	.0									
1.3 Reinsurance ceded	.0									
1.4 Net	333,594,879	.0	.0	.0	.0	.0	333,594,879	.0	.0	.0
2. Paid medical incentive pools and bonuses	4,361,639						4,361,639			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	35,782,990	.0	.0	.0	.0	.0	35,782,990	.0	.0	.0
3.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	35,782,990	.0	.0	.0	.0	.0	35,782,990	.0	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	.0									
4.2 Reinsurance assumed	.0									
4.3 Reinsurance ceded	.0									
4.4 Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year	2,256,515						2,256,515			
6. Net healthcare receivables (a)	.0									
7. Amounts recoverable from reinsurers December 31, current year	.0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	32,345,477	.0	.0	.0	.0	.0	32,345,477	.0	.0	.0
8.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.4 Net	32,345,477	.0	.0	.0	.0	.0	32,345,477	.0	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.4 Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year	2,868,849	0	0	0	0	0	2,868,849	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	337,032,392	.0	.0	.0	.0	.0	337,032,392	.0	.0	.0
12.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.4 Net	337,032,392	0	0	0	0	0	337,032,392	0	0	0
13. Incurred medical incentive pools and bonuses	3,749,305	0	0	0	0	0	3,749,305	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	3,012,013						3,012,013			
1.2 Reinsurance assumed .....	.0									
1.3 Reinsurance ceded .....	.0									
1.4 Net .....	3,012,013	.0	.0	.0	.0	.0	3,012,013	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct .....	32,770,977						32,770,977			
2.2 Reinsurance assumed .....	.0									
2.3 Reinsurance ceded .....	.0									
2.4 Net .....	32,770,977	.0	.0	.0	.0	.0	32,770,977	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.0									
3.2 Reinsurance assumed .....	.0									
3.3 Reinsurance ceded .....	.0									
3.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1 Direct .....	35,782,990	.0	.0	.0	.0	.0	35,782,990	.0	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net .....	35,782,990	0	0	0	0	0	35,782,990	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	25,366,849	308,543,724	78,948	35,704,043	25,445,797	32,345,477
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	25,366,849	308,543,724	78,948	35,704,043	25,445,797	32,345,477
10. Healthcare receivables (a) .....		315,695			0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	1,620,691	2,740,948		2,256,515	1,620,691	2,868,849
13. Totals (Lines 9 - 10 + 11 + 12)	26,987,540	310,968,977	78,948	37,960,558	27,066,488	35,214,326

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior .....	9,443	(104,938)	(104,938)	(104,938)	
2.	2013 .....	147,949	164,129	0	0	
3.	2014 .....	XXX	204,451	224,973	0	
4.	2015 .....	XXX	XXX	245,575	271,030	
5.	2016 .....	XXX	XXX	XXX	279,287	306,274
6.	2017 .....	XXX	XXX	XXX	XXX	310,969

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior .....	9,443	(104,938)	(104,938)	(104,938)	
2.	2013 .....	168,589	164,129	0	0	
3.	2014 .....	XXX	228,888	224,973	0	
4.	2015 .....	XXX	XXX	277,375	271,030	
5.	2016 .....	XXX	XXX	XXX	314,501	306,334
6.	2017 .....	XXX	XXX	XXX	XXX	348,584

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2013 .....	170,968	164,129	3,232	2.0	167,361	97.9			167,361	97.9
2. 2014 .....	231,554	224,973	5,690	2.5	230,663	99.6			230,663	99.6
3. 2015 .....	275,129	271,030	7,062	2.6	278,092	101.1			278,092	101.1
4. 2016 .....	329,280	306,274	9,655	3.2	315,929	95.9	79		316,008	96.0
5. 2017 .....	390,687	310,969	10,405	3.3	321,374	82.3	37,961	1,400	360,735	92.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior					9,443	(104,938)	(104,938)	(104,938)	0
2.	2013					147,949	164,129	0	0	0
3.	2014					XXX	204,451	224,973	0	0
4.	2015					XXX	XXX	245,575	271,030	0
5.	2016					XXX	XXX	XXX	279,287	306,274
6.	2017					XXX	XXX	XXX	XXX	310,969

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior					9,443	(104,938)	(104,938)	(104,938)	0
2.	2013					168,589	164,129	0	0	0
3.	2014					XXX	228,888	224,973	0	0
4.	2015					XXX	XXX	277,375	271,030	0
5.	2016					XXX	XXX	XXX	314,501	306,334
6.	2017					XXX	XXX	XXX	XXX	348,584

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1.	2013	170,968	164,129	3,232	2.0	167,361	97.9	0	0	167,361	97.9
2.	2014	231,554	224,973	5,690	2.5	230,663	99.6	0	0	230,663	99.6
3.	2015	275,129	271,030	7,062	2.6	278,092	101.1	0	0	278,092	101.1
4.	2016	329,280	306,274	9,655	3.2	315,929	95.9	79	0	316,008	96.0
5.	2017	390,687	310,969	10,405	3.3	321,374	82.3	37,961	1,400	360,735	92.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	.0								
2. Additional policy reserves (a) .....	.0								
3. Reserve for future contingent benefits .....	.0								
4. Reserve for rate credits or experience rating refunds (including \$ ..... 434,528 ) for investment income .....	434,528						434,528		
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	434,528	.0	.0	.0	.0	.0	434,528	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net)(Page 3, Line 4) .....	434,528	.0	.0	.0	.0	.0	434,528	.0	.0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net)(Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Medicare Advantage Part D Risk Share .....	.0						.0		
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ ..... premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin's Point Generations Advantage, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ ..... for occupancy of own building) .....					0
2. Salary, wages and other benefits .....	3,576,828	822,571	8,598,588		12,997,987
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....			2,341,633		2,341,633
4. Legal fees and expenses .....	0		146,639		146,639
5. Certifications and accreditation fees .....			1,459,334		1,459,334
6. Auditing, actuarial and other consulting services ....	432,004				432,004
7. Traveling expenses .....	60,207	654	268,805		329,666
8. Marketing and advertising .....	10,161		1,967,192		1,977,353
9. Postage, express and telephone .....	24,040	10,670	1,070,266		1,104,976
10. Printing and office supplies .....	27,477	2,961	54,347		84,785
11. Occupancy, depreciation and amortization .....	2,342		377,032		379,374
12. Equipment .....	32,564	469	613,722		646,755
13. Cost or depreciation of EDP equipment and software .....	5,143	382,779	176,745		564,667
14. Outsourced services including EDP, claims, and other services .....	1,707,703	4,520,029	10,074,565		16,302,297
15. Boards, bureaus and association fees .....					0
16. Insurance, except on real estate .....			16,551		16,551
17. Collection and bank service charges .....			225,391		225,391
18. Group service and administration fees .....					0
19. Reimbursements by uninsured plans .....					0
20. Reimbursements from fiscal intermediaries .....					0
21. Real estate expenses .....					0
22. Real estate taxes .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....					0
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....	207,039	47,698	508,778		763,515
23.5 Other (excluding federal income and real estate taxes) .....			1,213		1,213
24. Investment expenses not included elsewhere .....				88,234	88,234
25. Aggregate write-ins for expenses .....	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25) .....	6,085,508	5,787,831	27,900,801	88,234	(a) 39,862,374
27. Less expenses unpaid December 31, current year ..		1,400,293	0		1,400,293
28. Add expenses unpaid December 31, prior year .....	0	834,910	29,557	0	864,467
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	6,085,508	5,222,448	27,930,358	88,234	39,326,548
DETAILS OF WRITE-INS					
2501. ....					
2502. ....					
2503. ....					
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	0	0

(a) Includes management fees of \$ .....11,978,424 to affiliates and \$ ..... to non-affiliates.



EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds .....	(a) .....109,877	.....93,132
1.1	Bonds exempt from U.S. tax .....	(a) .....	.....
1.2	Other bonds (unaffiliated) .....	(a) .....638,135	.....716,083
1.3	Bonds of affiliates .....	(a) .....	.....
2.1	Preferred stocks (unaffiliated) .....	(b) .....	.....
2.11	Preferred stocks of affiliates .....	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....350,166	.....350,166
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c) .....	.....
4.	Real estate .....	(d) .....	.....
5	Contract Loans .....	.....	.....
6	Cash, cash equivalents and short-term investments .....	(e) .....52,358	.....52,358
7	Derivative instruments .....	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....0	.....0
10.	Total gross investment income .....	1,150,536	1,211,739
11.	Investment expenses .....		(g) .....88,234
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g) .....0
13.	Interest expense .....		(h) .....
14.	Depreciation on real estate and other invested assets .....		(i) .....
15.	Aggregate write-ins for deductions from investment income .....		.....0
16.	Total deductions (Lines 11 through 15) .....		.....88,234
17.	Net investment income (Line 10 minus Line 16) .....		1,123,505
DETAILS OF WRITE-INS			
0901.	.....		
0902.	.....		
0903.	.....		
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0
1501.	.....		
1502.	.....		
1503.	.....		
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....		0

- (a) Includes \$ .....31,031 accrual of discount less \$ .....85,377 amortization of premium and less \$ .....109,092 paid for accrued interest on purchases.
- (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.
- (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$. ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	(58,063)	0	(58,063)	0	0
1.1	Bonds exempt from U.S. tax .....	.....	.....	0	.....	.....
1.2	Other bonds (unaffiliated) .....	(51,966)	0	(51,966)	0	0
1.3	Bonds of affiliates .....	0	0	0	0	0
2.1	Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11	Preferred stocks of affiliates .....	0	0	0	0	0
2.2	Common stocks (unaffiliated) .....	0	0	0	2,984,738	0
2.21	Common stocks of affiliates .....	0	0	0	0	0
3.	Mortgage loans .....	.....	0	0	0	0
4.	Real estate .....	.....	0	0	.....	0
5.	Contract loans .....	.....	.....	0	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	0	.....	.....
7.	Derivative instruments .....	.....	.....	0	.....	.....
8.	Other invested assets .....	.....	0	0	0	0
9.	Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10.	Total capital gains (losses) .....	(110,029)	0	(110,029)	2,984,738	0
DETAILS OF WRITE-INS						
0901.	.....					
0902.	.....					
0903.	.....					
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....		0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....		0	0
2.2 Common stocks .....		0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....		0	0
3.2 Other than first liens.....		0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....		0	0
4.2 Properties held for the production of income.....		0	0
4.3 Properties held for sale .....		0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....		0	0
6. Contract loans .....		0	0
7. Derivatives (Schedule DB) .....		0	0
8. Other invested assets (Schedule BA) .....		0	0
9. Receivables for securities .....		0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....		0	0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....		0	0
14. Investment income due and accrued .....		0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	408,890	277,918	(130,972)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....		0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....		0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....		0	0
16.2 Funds held by or deposited with reinsured companies .....		0	0
16.3 Other amounts receivable under reinsurance contracts .....		0	0
17. Amounts receivable relating to uninsured plans .....	1,098,993	0	(1,098,993)
18.1 Current federal and foreign income tax recoverable and interest thereon .....		0	0
18.2 Net deferred tax asset .....		0	0
19. Guaranty funds receivable or on deposit .....		0	0
20. Electronic data processing equipment and software .....		0	0
21. Furniture and equipment, including health care delivery assets .....		0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....		0	0
23. Receivable from parent, subsidiaries and affiliates .....		0	0
24. Health care and other amounts receivable .....	8,638,709	9,035,747	397,038
25. Aggregate write-ins for other than invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	10,146,592	9,313,665	(832,927)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0	0
28. Total (Lines 26 and 27) .....	10,146,592	9,313,665	(832,927)
DETAILS OF WRITE-INS			
1101. ....		0	0
1102. ....		0	0
1103. ....		0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. ....		0	0
2502. ....		0	0
2503. ....		0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	2,269	2,412	2,468	2,517	2,526	29,656
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....	2,422	2,233	2,235	2,257	2,257	26,930
4. Point of Service .....	35,405	36,292	36,759	37,369	37,692	442,515
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	40,096	40,937	41,462	42,143	42,475	499,101
DETAILS OF WRITE-INS						
0601. ....	0					
0602. ....	0					
0603. ....	0					
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin’s Point Generations Advantage, Inc.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of Martin’s Point Generations Advantage, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed or permitted by the NAIC *Accounting Practices and Procedures Manual*, subject to any deviations prescribed or permitted by the Maine Bureau of Insurance (the "Bureau"). There were no deviations from NAIC prescribed or permitted by the Bureau in 2016 or 2017.

A table reconciling income and surplus between the practices prescribed and permitted by the State of Maine and NAIC SAP basis for the current reporting period and the prior year-end is shown below:

	SSAP #	F/S Page	F/S Line #	2017	2016
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	11,490,275	(13,192,093)
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	11,490,275	(13,192,093)
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	56,920,228	43,278,141
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	56,920,228	43,278,141

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policies

Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. Premiums paid by subscribers prior to the effective date are recorded on the balance sheet as advance premiums and subsequently credited to income as earned during the coverage period.

In addition, the Company uses the following accounting policies:

1.

Short-term money market mutual funds are stated at market value and short-term bonds are stated at amortized cost.
2.

Bonds are stated at amortized cost.
3.

Common stocks are stated at market value.
4.

The Company does not have any preferred stock.
5.

The Company does not have any mortgage loans.
6.

The Company's loan-backed securities are carried at amortized cost. The Company reports the adjustment methodology on an account basis as opposed to each individual security and accounts for all of the securities on a retrospective basis.
7.

The Company does not have any investments in subsidiaries, controlled or affiliated companies.
8.

The Company does not have investments in joint ventures, partnerships or limited liability companies.
9.

The Company does not have any derivative instruments.
10.

The Company does not include anticipated investment income in calculating a premium deficiency.
11.

The Company's reported unpaid claims are based on adjudicated claims in process of settlement. The amount of unreported claims is based on actuarial estimates. The claims adjustment expenses are estimated at approximately 2% of unpaid claims. Liabilities for unpaid claims and claims adjustment expense are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided.
12.

The Company does not have any capital assets and therefore no capitalization policy.
13.

The Company records pharmaceutical rebates receivable as a non-admitted asset.

D. Going Concern

Management has no significant doubts about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

A. Accounting Changes and Correction of Errors:

The Company's December 31, 2016 Annual Financial Statement reported amounts owed to CMS in connection with the coverage gap discount program, an uninsured plan, in the amount of \$807,300 on page 3, line 12 "Amounts withheld or retained for the account of others". However, per the NAIC instructions amounts owed to CMS in connection with the coverage gap discount program should be reported on page 3, line 22 "Liability for amounts held under uninsured plans". This amount is \$1,203,103, for the period ending December 31, 2017.

3. Business Combinations and Goodwill: None.

- A. Statutory Purchase Method: None.
- B. Statutory Merger: None.
- C. Assumption Reinsurance: None.
- D. Impairment Loss: None.

4. Discontinued Operations: None.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin’s Point Generations Advantage, Inc.

NOTES TO FINANCIAL STATEMENTS

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

None.

B. Debt Restructuring

None.

C. Reverse Mortgages

None.

D. Loan-Backed Securities

1. For fixed-rate agency mortgage-backed securities, the Company calculates prepayment speeds utilizing Mortgage Industry Advisory Corporation (MIAC) Mortgage Industry Medians (MIMs). MIMs are derived from a semi-monthly dealer-consensus survey of long-term prepayment projections. For other mortgage-backed, loan-backed, and structured securities, the Company utilizes prepayment assumptions from Moody’s Analytics. Moody’s applies a flat economic credit model and utilizes a vector of multiple monthly speeds as opposed to a single speed for more robust projections. In instances where Moody’s projections are not available, the Company uses data from Reuters, which utilizes the median prepayment speed from contributors’ models.
2. All securities with a recognized other-than-temporary impairment, disclosed in the aggregate, classified on the basis for the other-than-temporary impairment: The Company has no securities to report per the table below.

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
(2) OTTI recognized 1st Quarter			
a. Intent to sell .....	0	0	0
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	0	0	0
c. Total 1st Quarter .....	0	0	0
OTTI recognized 2nd Quarter			
d. Intent to sell .....	0	0	0
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	0	0	0
f. Total 2nd Quarter .....	0	0	0
OTTI recognized 3rd Quarter			
g. Intent to sell .....	0	0	0
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....	0	0	0
i. Total 3rd Quarter .....	0	0	0
OTTI recognized 4th Quarter			
j. Intent to sell .....			0
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis .....			0
l. Total 4th Quarter .....	0	0	0
m. Annual Aggregate Total .....		0	

(3)

1	2	3	4	5	6	7
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than- Temporary Impairment	Amortized Cost After Other-Than- Temporary Impairment	Fair Value at time of OTTI	Date of Financial Statement Where Reported
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
Total	XXX	XXX	0	XXX	XXX	XXX

(4)

- a.The aggregate amount of unrealized losses:
1. Less than 12 Months ..... 56,825
2. 12 Months or Longer .....
- b.The aggregate related fair value of securities with unrealized losses:
1. Less than 12 Months ..... 9,569,082
2. 12 Months or Longer .....

- (5) The Company considers the following general categories of information in reaching the conclusion that impairments are other-than-temporary:
- Performance of investments over a twelve month period

• Volatility in the market

• Securities ratings

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin’s Point Generations Advantage, Inc.

NOTES TO FINANCIAL STATEMENTS

E. Dollar Repurchase Agreements and/or Security Lending Transactions

None.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

None.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

None.

H. Repurchase Agreements Transactions Accounted for as a Sale

None.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

None.

J. Real Estate

None.

K. Low-Income Housing Tax Credits

None.

L. Restricted Assets

1.Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Non-admitted) Restricted from Current Year	2 Total Gross (Admitted & Non-admitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Non-admitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Non-admitted) Restricted to Total Assets (a)	7 Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown		0	0		0	0.000	0.000
b. Collateral held under security lending agreements		0	0		0	0.000	0.000
c. Subject to repurchase agreements		0	0		0	0.000	0.000
d. Subject to reverse repurchase agreements		0	0		0	0.000	0.000
e. Subject to dollar repurchase agreements		0	0		0	0.000	0.000
f. Subject to dollar reverse repurchase agreements		0	0		0	0.000	0.000
g. Placed under option contracts		0	0		0	0.000	0.000
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		0	0		0	0.000	0.000
i. FHLB capital stock		0	0		0	0.000	0.000
j. On deposit with states	601,410	601,018	392		601,410	0.547	0.602
k. On deposit with other regulatory bodies		0	0		0	0.000	0.000
l. Pledged collateral to FHLB (including assets backing funding agreements)		0	0		0	0.000	0.000
m. Pledged as collateral not captured in other categories		0	0		0	0.000	0.000
n. Other restricted assets		0	0		0	0.000	0.000
o. Total Restricted Assets	601,410	601,018	392	0	601,410	0.547	0.602

(a) Column 1 divided by Asset Page, Column 1, Line 28

(b) Column 5 divided by Asset Page, Column 3, Line 28

2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate). None.
3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate). None.
4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements. None.

M. Working Capital Finance Investments

None.

N. Offsetting and Netting of Assets and Liabilities

None.

O. Structured Notes

None.

P. 5\* Securities

None.

Q. Short Sales

None.

R. Prepayment Penalty and Acceleration Fees

None.

## NOTES TO FINANCIAL STATEMENTS

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### 6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in joint ventures, partnerships or limited liability companies.
- B. The Company has no impaired investments in joint ventures, partnerships or limited liability companies.

### 7. Investment Income

- A. Due and accrued investment income was excluded from surplus on the following basis: None.
- B. The Company did not accrue investment income that was non-admitted at December 31, 2017.

### 8. Derivative Instruments: None.

### 9. Income Taxes: The Company is not subject to Federal Income taxes.

### 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

#### A. Nature of the relationship involved

The Company is a wholly-owned subsidiary of Martin's Point Health Care, Inc. (MPHC).

The following subsidiaries of MPHC have been removed from the Company's organizational charts:

Martin's Point Generations, LLC - canceled on November 19, 2016 per the Maine Secretary of State.  
Martin's Point Community Health Administrators, LLC - inactive since December 31, 2014. Dissolution filed with the Maine Secretary of State on December 28, 2017.  
Martin's Point Community Health Plans, Inc. inactive since December 31, 2014. Dissolution filed with the Maine Secretary of State on January 8, 2017.

#### B&C. Description of the transactions involved and the dollar amounts of transactions

During 2017 and 2016 MPHC invested \$0 and \$21,100,000, respectively, in the Company to fund operations and risk based capital requirements.

The Company has an arrangement with MPHC where it will pay MPHC's delivery system for covered services. The payments will consist of fee-for-service payments minus any applicable coinsurance, copayments, deductibles, and contractual adjustments. The Company paid MPHC \$4,084,944 and \$3,488,621 in 2017 and 2016, respectively.

The Company has incentive and risk sharing arrangements with MPHC with respect to members who receive primary care from providers employed by MPHC. Under these arrangements, the Company makes payments to MPHC as follows:

Cost of Care Risk Share Arrangement: The Company and MPHC accepts joint responsibility for managing the cost of care for members who receive primary care through MPHC's delivery system. In recognition of this joint responsibility, the parties agree to participate in a cost of care risk share arrangement. The Company makes payments to MPHC when medical loss ratio results are less than targets. The Company receives payments from MPHC when medical loss ratio results are greater than targets. Under this arrangement, the Company paid MPHC \$750,000 and \$500,000 for 2017 and 2016, respectively.

Primary Care Payment Model: The Company and MPHC entered into a payment agreement whereby the Company agrees to make payments to MPHC based on performance against pre-determined quality metrics. The Company paid MPHC \$465,320 and \$253,350 for 2017 and 2016, respectively.

Population Based Incentives: The Company and MPHC entered into a payment agreement whereby the Company agrees to make payments based on MPHC's performance against pre-determined quality metrics. The Company paid MPHC \$165,580 and \$278,622 for 2017 and 2016, respectively.

#### D. Amounts Due to or from Related Parties

At December 31, 2017, the Company reported a net receivable of \$494,128 due from MPHC for amounts applicable to 2017. Payment from MPHC settled in February 2018.

#### E. Guarantees or Contingencies for Related Parties

Effective November 23, 2015, MPHC, the Guarantor, and the Company, the Primary Obligor, entered into an Unconditional Financial Guaranty with the Maine Bureau of Insurance to secure the Superintendent's conditional approval and licensing of the Primary Obligor to enter into the insurance business in the State of Maine. The Guarantor absolutely and unconditionally guarantees to the Superintendent and the Superintendent's successors and assigns, that if the Primary Obligor at any time fails to maintain capital and surplus at a level no less than the greater of the product of its authorized control level risk-based capital and 3.0 or the minimum requirements for capital and surplus, the Guarantor shall automatically pay such sums or deposits to the Primary Obligor as are necessary to establish and maintain capital and surplus at a level no less than the greater of the product of its authorized control level risk-based capital and 3.0 or the minimum requirements for capital and surplus.

#### F. Management, Service Contracts, Cost Sharing Arrangements

The Company purchases certain marketing, administrative, managerial and other services required by the Company under a Management Services Agreement with MPHC. Management fees charged to the operations for the year ended December 31, 2017 and December 31, 2016 were \$11,978,424 and \$11,059,680, respectively.

#### G. Nature of Relationships that Could Affect Operations: None.

#### H. Amount Deducted for Investment in Upstream Company: None.

#### I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets: None.

#### J. Write-down for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies: None.

#### K. Investment in Foreign Insurance: None.

#### L. Investment in Downstream Noninsurance Holding Company: None.

#### M. All SCA Investments: None.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin’s Point Generations Advantage, Inc.

**NOTES TO FINANCIAL STATEMENTS**

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**N. Investment in Insurance SCAs:** None.

**11. Debt**

- A. Debt including Capital Notes:** None
- B. FHLB (Federal Home Loan Bank) agreements:** None

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans:**

- A. Defined Benefit Plan:** None.
- B. Investment Policies and Strategies:** None.
- C. Fair Value of Plan Assets:** None.
- D. Basis used to determine the long-term rate-of-return:** None.
- E. Defined Contribution Plans:** None.
- F. Multiemployer Plans:** None.
- G. Consolidated/Holding Company Plans:** None.
- H. Postemployment Benefits and Compensated Absences:** None.
- I. Impact of Medicare Modernization Act on Postretirement Benefits:** None.

**13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganization**

- A.** The Company has no capital stock.
- B.** The Company has no preferred stock.
- C.** The Company has no dividend restrictions.
- D.** The Company does not pay dividends.
- E.** The portion of the entity’s profits that may be paid as ordinary dividends to stockholders is not applicable.
- F.** The Company has no unassigned surplus funds.
- G.** The Company has no advances to surplus.
- H.** The Company has no shares of stock held for special purposes.
- I.** The Company has no special surplus funds, changes in the balances of special purpose funds are not applicable.
- J.** The Company has no surplus adjustments due to cumulative unrealized losses.
- K.** The Company has not issued any surplus notes or debentures or similar obligations.
- L.** The Company had no restatements due to prior quasi-reorganizations.
- M.** The Company has not been involved in any quasi-reorganizations during the past 10 years.

**14. Liabilities, Contingencies and Assessments**

- A. Contingent Commitments:** None.
- B. Assessments**  
  
The Company is subject to a guaranty fund administered by the State of Maine in which it writes business. Guaranty fund assessments are accrued at the time of insolvencies. The Company is not currently aware of any impending solvency issues.
- C. Gain Contingencies:** None.
- D. Claims related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits:** None.
- E. Joint and Several Liabilities:** None.
- F. All Other Contingencies:** None.

**15. Leases**

- A. Lessee Leasing Arrangements:** None.
- B. Lessor Leasing Arrangements:** None.

**16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk:** None.

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. Transfers of receivables reported as Sales:** None.
- B. Transfer and Servicing of Financial Assets:** None.
- C. Wash Sales:** None.



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin’s Point Generations Advantage, Inc.

NOTES TO FINANCIAL STATEMENTS

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. ASO Plans: None.
- B. ASC Plans: None.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract:

The Medicare Advantage prescription drug program is referred to as Part D. Settlement amounts in relation to the Part D program are reported as uninsured plans as follows:

The Company reported \$240,645 in accounts receivable related to uninsured plans as of December 31, 2017 and \$1,702,355 in December 31, 2016. The \$240,645 amount relates to Part D Low Income Cost Sharing.

Low Income Cost Sharing (LICS) - \$240,645

Low-income members have some or the entire member cost share of their benefits paid for by CMS. A prospective payment rate is established during the bid process. With the close of the year, actual expenses are compared to the prospective amounts paid with reconciliation to or from CMS to settle the difference. With the benefit of full PDE data through the end of 2017, the prospective payment did not fully cover the CMS LICS obligation. Therefore, an additional settlement is expected. A reserve is applied for the possibility of restatements to 2017 experience prior to the final settlement.

The Company reported amounts due from pharmaceutical manufacturers in connection with the coverage gap discount program of \$1,098,993 as accounts receivable related to uninsured plans as of December 31, 2017. These amounts are non-admitted.

In 2017, the Company reported a liability for amounts held under uninsured plans of \$1,372,012 for Federal Reinsurance.

Federal Reinsurance - \$1,372,012

Through the Federal reinsurance program, CMS pays 80% of the costs members incur through their Part D benefit beyond the true out-of-pocket (TrOOP) threshold. During the annual bid process, a prospective amount is defined to represent the projected amount Federal Reinsurance will cover. With the close of the year, the prospective payment is reconciled with actual experience. Applicable expenses beyond the prospective reimbursement are accrued as a receivable and amounts below the prospective payable held as a liability. With Prescription Drug Event (PDE) data through the end of the year, the estimate of this reconciliation is the difference between known events and the bid’s prospective value. A reserve is applied for the possibility of restatements to 2017 experience prior to the final settlement.

The Company reported amounts owed to CMS in connection with the coverage gap discount program of \$1,203,103 as a liability for amounts held under uninsured plans as of December 31, 2017.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators: None.

20. Fair Value Measurements

- A.
- (1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total	Net Asset Value (NAV) Included in Level 2
a. Assets at fair value					
<b>Bonds</b>				0	
US Governments	3,727,435	320,131		4,047,566	
Industrial and Misc		24,365,748		24,365,748	
Special Rev./Assess. Oblig.		7,038,187		7,038,187	
All Other Governments		564,423		564,423	
Parents, Subsidiaries and Affiliates					
<b>Total Bonds</b>	<b>3,727,435</b>	<b>32,288,489</b>		<b>36,015,924</b>	
<b>Common Stock</b>				0	
Industrial and Misc	17,786,315			17,786,315	
Other					
<b>Total Common Stock</b>	<b>17,786,315</b>			<b>17,786,315</b>	
<b>Derivative Assets</b>					
Interest Rate Contracts					
Foreign Exchange Contracts					
Credit Contracts					
Commodity Futures Contracts					
Commodity Forward Contracts					
<b>Total Derivatives</b>	0	0	0	0	
Total assets at fair value	21,513,850	32,288,489	0	53,802,239	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin’s Point Generations Advantage, Inc.

**NOTES TO FINANCIAL STATEMENTS**

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**21. Other Items**

- A. Unusual or Infrequent Items:** None.
- B. Troubled Debt Restructuring:** None.
- C. Other Disclosures:** None.
- D. Business Interruption Insurance Recoveries:** None.
- E. State Transferable and Non-transferable Tax Credits:** None.
- F. Subprime Mortgage Related Risk Exposure:** None.
- G. Retained Assets:** None.
- H. Insurance – Linked Securities Contracts:** None.

**22. Events Subsequent:**

**Type I - Recognized Subsequent Events:**

Subsequent events have been considered through February 28, 2018 for the statutory statements issued on February 28, 2018.

**Type II – Non-recognized Subsequent Events:** None.

**23. Reinsurance**

**A. Ceded Reinsurance Report**

**Section 1 - General Interrogatories**

- 1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?  
  
Yes ( ) No (X)
- 2. Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?  
  
Yes ( ) No (X)

**Section 2 - Ceded Reinsurance Report - Part A**

- 1. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?  
  
Yes ( ) No (X)
- 2. Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?  
  
Yes ( ) No (X)

**Section 3 - Ceded Reinsurance Report - Part B**

- 1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement?  
  
None.
- 2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?  
  
Yes ( ) No (X)

- B. Uncollectible Reinsurance:** None.
- C. Commutation of Ceded Reinsurance:** None.
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation:** None.

**24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

- A.** None.
- B.** None.
- C.** None.
- D.** None.
- E.** None.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin’s Point Generations Advantage, Inc.

**NOTES TO FINANCIAL STATEMENTS**

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**25. Change in Incurred Claims and Claims Adjustment Expenses**

- A. Reserves as of December 31, 2016 were \$33,180,387. As of December 31, 2017, \$26,062,531 has been paid for incurred claims and claim adjustment expenses attributable to insured events of the prior year. Reserves remaining for prior years are \$80,934 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, after taking into account that the Company had \$3,855,879 of redundancy at December 31, 2016, there has been \$3,181,043 favorable prior-year development between December 31, 2016 and December 31, 2017. The favorable development is generally the result of ongoing analysis of recent loss development trends. Estimates are increased or decreased as additional information becomes known regarding individual claims.
- B. Significant changes in methodologies and assumptions used in calculating the liability: None.

**26. Intercompany Pooling Arrangements:** None.

**27. Structured Settlements:** None.

**28. Health Care Receivables**

- A. Pharmaceutical Rebate Receivables: The Company records Pharmaceutical Rebates Receivables as non-admitted asset.
- B. Risk Sharing Receivables: The Company participates in risk sharing arrangements with area health care provider systems. In determining appropriate receivables or liabilities for these arrangements, the valuation process reflects actual experience during the performance period for each contract. Where actual experience is not yet complete, experienced actuarial modeling and judgement, consistent with the Company’s methods employed for IBNP and Accrued Retrospective Premiums, are applied to reflect the most likely performance of each risk sharing contract. A reserve is applied to any estimated risk sharing receivable as provision for actual experience varying from any experience requiring estimation.

Estimated balance of risk sharing receivables as reported on the prior year financial statements for evaluation periods ending in the current year: None.

Estimated balance of risk sharing receivables as reported on the current year financial statements for evaluation periods ending in the current year and the following year: \$345,461

Risk sharing receivables billed as determined after the annual evaluation period: None.

Risk sharing receivables not yet billed: \$345,461

Amounts received from providers as payments under risk sharing contracts: None.

**29. Participating Policies:** None.

**30. Premium Deficiency Reserves:**

- |  |                  |
|--|------------------|
| 1. Liability carried for premium deficiency reserves             | \$0              |
| 2. Date of the most recent evaluation of this liability          | 2/9/2018         |
| 3. Was anticipated investment income utilized in the calculation | Yes ( ) No ( X ) |

**31. Anticipated Salvage and Subrogation:** The Company does not take into account an estimate of anticipated salvage or subrogation in its determination of its liability for unpaid claims.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....  
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes [ X ] No [ ]

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....

Yes [ X ] No [ ] N/A [ ]

1.3

State Regulating? .....

Maine

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes [ X ] No [ ]

2.2

If yes, date of change: .....

08/25/2017

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2014

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2014

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

06/29/2016

3.4

By what department or departments?  
Bureau of Insurance of the State of Maine .....

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes [ ] No [ ] N/A [ X ]

3.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes [ X ] No [ ] N/A [ ]

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? .....  
4.12 renewals? .....

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? .....  
4.22 renewals? .....

Yes [ ] No [ X ]  
Yes [ ] No [ X ]

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

Yes [ ] No [ X ]

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....

Yes [ ] No [ X ]

6.2

If yes, give full information: .....

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....

Yes [ ] No [ X ]

7.2

If yes,  
7.21 State the percentage of foreign control; ..... %  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1	2
Nationality	Type of Entity

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ] No [ X ]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Baker, Newman & Noyes  
280 Fore Street  
Portland, Maine 04112-0507
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [ ] No [ X ]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [ ] No [ X ]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [ X ] No [ ] N/A [ ]
- 10.6

If the response to 10.5 is no or n/a, please explain
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Daniel Quinn, Senior Actuary, Martin's Point Health Care  
331 Veranda Street  
Portland, Maine 04104
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [ ] No [ X ]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved
- 12.13

Total book/adjusted carrying value

\$
- 12.2

If, yes provide explanation:
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [ ] No [ ]
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [ ] No [ ]
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [ ] No [ ] N/A [ X ]
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [ X ] No [ ]
- 14.1(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- 14.1(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- 14.1(c)

Compliance with applicable governmental laws, rules and regulations;
- 14.1(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- 14.1(e)

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [ ] No [ X ]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2  Issuing or Confirming Bank Name	3  Circumstances That Can Trigger the Letter of Credit	4  Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [ X ] No [ ]
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [ X ] No [ ]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [ X ] No [ ]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ X ] No [ ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers\$

20.12 To stockholders not officers\$

20.13 Trustees, supreme or grand (Fraternal Only)\$
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers\$

20.22 To stockholders not officers\$

20.23 Trustees, supreme or grand (Fraternal Only)\$
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]
- 21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others\$

21.22 Borrowed from others\$

21.23 Leased from others\$

21.24 Other\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ ] No [ X ]
- 22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment\$

22.22 Amount paid as expenses\$

22.23 Other amounts paid\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ X ] No [ ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$494,128

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ ] No [ X ]
- 24.02 If no, give full and complete information relating thereto  
They are held under a Custody Agreement with US Bank NA as noted in 28.01 below.
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.\$
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.\$
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ X ]
- 24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.103	Total payable for securities lending reported on the liability page.	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [ X ] No [ ]

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	
		25.22 Subject to reverse repurchase agreements	\$	
		25.23 Subject to dollar repurchase agreements	\$	
		25.24 Subject to reverse dollar repurchase agreements	\$	
		25.25 Placed under option agreements	\$	
		25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	
		25.27 FHLB Capital Stock	\$	
		25.28 On deposit with states	\$	601,410
		25.29 On deposit with other regulatory bodies	\$	
		25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	
		25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	
		25.32 Other	\$	

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ X ] No [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
US Bank N. A.	50 S 16th St 20th Fl, Philadelphia, PA 19102

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [ X ]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1	2
Name of Firm or Individual	Affiliation
Asset Allocation and Management Co. LLC .....	U.....
.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [ X ] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [ ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
109875 .....	Asset Allocation and Management Co. LLC .....	None .....	SEC .....	DS.....
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
.....	.....	.....	.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	36,715,024	36,694,112	(20,912)
30.2 Preferred stocks .....	0		0
30.3 Totals	36,715,024	36,694,112	(20,912)

30.4 Describe the sources or methods utilized in determining the fair values:  
Bonds, with the exception of Money Market Funds, are priced by S&P. Money Market Funds are at par value. ....

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:  
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

32.2 If no, list exceptions:  
.....



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

33. By self-designating 5\*GI securities, the reporting entity is certifying the following elements of each self-designated 5\*GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5\*GI securities? ..... Yes [ ] No [ X ]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....300

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Maine Medical Association .....	.....300
.....	.....

35.1 Amount of payments for legal expenses, if any? .....\$ .....227,961

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....
.....	.....

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....
.....	.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [ X ]

1.2

If yes, indicate premium earned on U.S. business only.

\$

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$0

1.62

Total incurred claims

\$0

1.63

Number of covered lives

0

All years prior to most current three years:

1.64

Total premium earned

\$0

1.65

Total incurred claims

\$0

1.66

Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$0

1.72

Total incurred claims

\$0

1.73

Number of covered lives

0

All years prior to most current three years:

1.74

Total premium earned

\$0

1.75

Total incurred claims

\$0

1.76

Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator

390,687,185

329,279,875

2.2

Premium Denominator

390,687,185

329,279,875

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

38,474,033

39,108,589

2.5

Reserve Denominator

38,474,033

39,108,589

2.6

Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [ ] No [ X ]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [ X ] No [ ]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [ ] No [ X ]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [ ] No [ X ]

5.2

If no, explain:  
The Company self insures.

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$

5.32

Medical Only

\$

5.33

Medicare Supplement

\$

5.34

Dental & Vision

\$

5.35

Other Limited Benefit Plan

\$

5.36

Other

\$

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [ X ] No [ ]

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year

12,947

8.2

Number of providers at end of reporting year

16,124

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [ ] No [ X ]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months

\$

9.22

Business with rate guarantees over 36 months

\$

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Martin's Point Generations Advantage, Inc.

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [ X ] No [ ]
- 10.2 If yes:

10.21 Maximum amount payable bonuses.....\$ 15,354,466

10.22 Amount actually paid for year bonuses.....\$ 4,386,529

10.23 Maximum amount payable withholds.....\$

10.24 Amount actually paid for year withholds.....\$
- 11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or, . Yes [ ] No [ X ]

11.14 A Mixed Model (combination of above)? ..... Yes [ X ] No [ ]
- 11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... Maine and New Hampshire
- 11.4 If yes, show the amount required. ....\$ 41,874,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]
- 11.6 If the amount is calculated, show the calculation  
The Statutory Minimum Capital and Surplus is calculated as 3 times the Authorized Control Level as defined by Risk Based Capital.
12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
State of Maine .....
Hillsborough County New Hampshire .....
Strafford County New Hampshire .....
.....

- 13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. ....\$
- 13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. ....\$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]
- 14.2 If the answer to 14.1 is yes, please provide the following:

1  Company Name	2 NAIC Company Code	3  Domiciliary Jurisdiction	4  Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written .....\$
- 15.2 Total Incurred Claims .....\$
- 15.3 Number of Covered Lives .....

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	99,868,419	88,442,126	73,625,447	62,838,375	40,646,065
2. Total liabilities (Page 3, Line 24) .....	42,948,190	45,163,985	36,760,638	28,321,155	22,939,220
3. Statutory minimum capital and surplus requirement .....	41,874,000	38,079,288	33,818,718	27,979,713	15,986,458
4. Total capital and surplus (Page 3, Line 33) .....	56,920,228	43,278,141	36,864,809	34,517,221	17,706,845
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	391,032,646	329,279,875	275,129,040	231,553,922	170,967,988
6. Total medical and hospital expenses (Line 18) .....	340,781,696	308,156,351	273,460,213	224,428,110	161,882,260
7. Claims adjustment expenses (Line 20) .....	11,873,339	9,611,311	7,007,473	5,467,424	3,259,324
8. Total administrative expenses (Line 21) .....	27,900,801	25,334,705	22,303,846	19,799,147	16,583,486
9. Net underwriting gain (loss) (Line 24) .....	10,476,810	(13,822,492)	(27,642,492)	(18,140,759)	(10,757,082)
10. Net investment gain (loss) (Line 27) .....	1,013,466	630,399	365,049	135,765	27,575
11. Total other income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	11,490,276	(13,192,093)	(27,277,443)	(18,004,994)	(10,729,507)
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	10,166,451	(15,911,397)	(27,975,655)	(24,179,991)	(6,659,874)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	56,920,228	43,278,141	36,864,809	34,517,221	17,706,845
15. Authorized control level risk-based capital .....	13,958,000	12,693,096	11,272,906	9,326,571	7,993,229
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	42,475	40,096	36,102	31,526	24,770
17. Total members months (Column 6, Line 7) .....	499,101	460,820	410,450	360,916	279,620
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	87.2	93.6	99.4	96.9	94.7
20. Cost containment expenses .....	1.6	1.4	0.8	0.9	0.9
21. Other claims adjustment expenses .....	1.5	1.6	1.7	1.4	1.0
22. Total underwriting deductions (Line 23) .....	97.4	104.2	110.0	107.8	106.3
23. Total underwriting gain (loss) (Line 24) .....	2.7	(4.2)	(10.0)	(7.8)	(6.3)
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	27,066,488	25,455,027	21,272,915	16,180,032	9,443,546
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	35,214,326	31,799,795	24,437,861	20,640,328	16,150,218
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....		0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....		0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....		0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [        ] No [        ]  
If no, please explain: .....

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

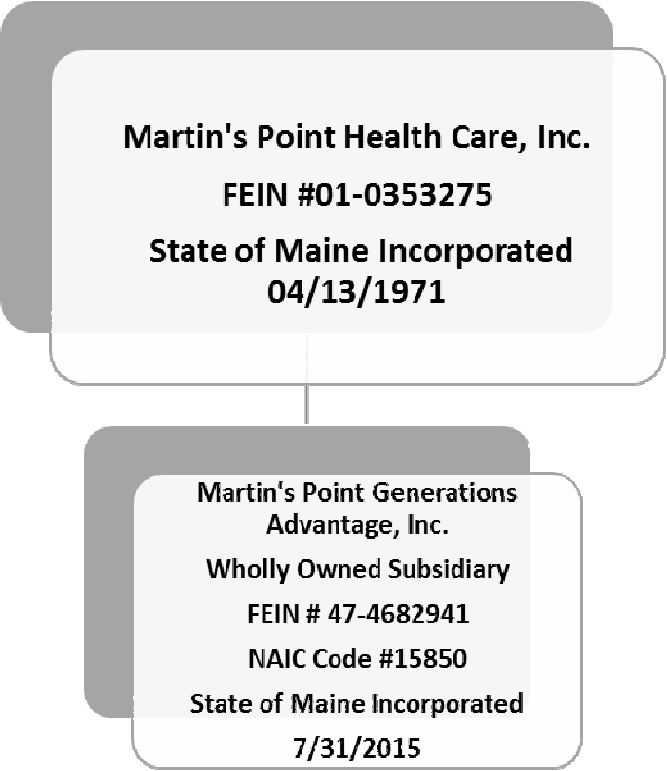
Allocated by States and Territories										
			1	Direct Business Only						
				2	3	4	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7
States, etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX				
1.	Alabama	AL	N							.0
2.	Alaska	AK	N							.0
3.	Arizona	AZ	N							.0
4.	Arkansas	AR	N							.0
5.	California	CA	N							.0
6.	Colorado	CO	N							.0
7.	Connecticut	CT	N							.0
8.	Delaware	DE	N							.0
9.	District of Columbia	DC	N							.0
10.	Florida	FL	N							.0
11.	Georgia	GA	N							.0
12.	Hawaii	HI	N							.0
13.	Idaho	ID	N							.0
14.	Illinois	IL	N							.0
15.	Indiana	IN	N							.0
16.	Iowa	IA	N							.0
17.	Kansas	KS	N							.0
18.	Kentucky	KY	N							.0
19.	Louisiana	LA	N							.0
20.	Maine	ME	L		379,695,047					379,695,047
21.	Maryland	MD	N							.0
22.	Massachusetts	MA	N							.0
23.	Michigan	MI	N							.0
24.	Minnesota	MN	N							.0
25.	Mississippi	MS	N							.0
26.	Missouri	MO	N							.0
27.	Montana	MT	N							.0
28.	Nebraska	NE	N							.0
29.	Nevada	NV	N							.0
30.	New Hampshire	NH	L		10,992,138					10,992,138
31.	New Jersey	NJ	N							.0
32.	New Mexico	NM	N							.0
33.	New York	NY	N							.0
34.	North Carolina	NC	N							.0
35.	North Dakota	ND	N							.0
36.	Ohio	OH	N							.0
37.	Oklahoma	OK	N							.0
38.	Oregon	OR	N							.0
39.	Pennsylvania	PA	N							.0
40.	Rhode Island	RI	N							.0
41.	South Carolina	SC	N							.0
42.	South Dakota	SD	N							.0
43.	Tennessee	TN	N							.0
44.	Texas	TX	N							.0
45.	Utah	UT	N							.0
46.	Vermont	VT	N							.0
47.	Virginia	VA	N							.0
48.	Washington	WA	N							.0
49.	West Virginia	WV	N							.0
50.	Wisconsin	WI	N							.0
51.	Wyoming	WY	N							.0
52.	American Samoa	AS	N							.0
53.	Guam	GU	N							.0
54.	Puerto Rico	PR	N							.0
55.	U.S. Virgin Islands	VI	N							.0
56.	Northern Mariana Islands	MP	N							.0
57.	Canada	CAN	N							.0
58.	Aggregate other alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal	XXX		.0	390,687,185	.0	.0	.0	390,687,185	.0
60.	Reporting entity contributions for Employee Benefit Plans	XXX							.0	
61.	Total (Direct Business)	(a) 2		0	390,687,185	0	0	0	390,687,185	0
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX		.0	.0	.0	.0	.0	.0	.0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.  
Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of L responses except for Canada and Other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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**OVERFLOW PAGE FOR WRITE-INS**

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business ..... 7

Assets ..... 2

Cash Flow ..... 6

Exhibit 1 - Enrollment By Product Type for Health Business Only ..... 17

Exhibit 2 - Accident and Health Premiums Due and Unpaid ..... 18

Exhibit 3 - Health Care Receivables ..... 19

Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued ..... 20

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus ..... 21

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates ..... 22

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates ..... 23

Exhibit 7 - Part 1 - Summary of Transactions With Providers ..... 24

Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries ..... 24

Exhibit 8 - Furniture, Equipment and Supplies Owned ..... 25

Exhibit of Capital Gains (Losses) ..... 15

Exhibit of Net Investment Income ..... 15

Exhibit of Nonadmitted Assets ..... 16

Exhibit of Premiums, Enrollment and Utilization (State Page) ..... 30

Five-Year Historical Data ..... 29

General Interrogatories ..... 27

Jurat Page ..... 1

Liabilities, Capital and Surplus ..... 3

Notes To Financial Statements ..... 26

Overflow Page For Write-ins ..... 44

Schedule A - Part 1 ..... E01

Schedule A - Part 2 ..... E02

Schedule A - Part 3 ..... E03

Schedule A - Verification Between Years ..... SI02

Schedule B - Part 1 ..... E04

Schedule B - Part 2 ..... E05

Schedule B - Part 3 ..... E06

Schedule B - Verification Between Years ..... SI02

Schedule BA - Part 1 ..... E07

Schedule BA - Part 2 ..... E08

Schedule BA - Part 3 ..... E09

Schedule BA - Verification Between Years ..... SI03

Schedule D - Part 1 ..... E10

Schedule D - Part 1A - Section 1 ..... SI05

Schedule D - Part 1A - Section 2 ..... SI08

Schedule D - Part 2 - Section 1 ..... E11

Schedule D - Part 2 - Section 2 ..... E12

Schedule D - Part 3 ..... E13

Schedule D - Part 4 ..... E14

Schedule D - Part 5 ..... E15

Schedule D - Part 6 - Section 1 ..... E16

Schedule D - Part 6 - Section 2 ..... E16

Schedule D - Summary By Country ..... SI04

Schedule D - Verification Between Years ..... SI03

Schedule DA - Part 1 ..... E17

Schedule DA - Verification Between Years ..... SI10

Schedule DB - Part A - Section 1 ..... E18

Schedule DB - Part A - Section 2 ..... E19

Schedule DB - Part A - Verification Between Years ..... SI11

Schedule DB - Part B - Section 1 ..... E20

Schedule DB - Part B - Section 2 ..... E21

Schedule DB - Part B - Verification Between Years ..... SI11

Schedule DB - Part C - Section 1 ..... SI12

Schedule DB - Part C - Section 2 ..... SI13

Schedule DB - Part D - Section 1 ..... E22

Schedule DB - Part D - Section 2 ..... E23

Schedule DB - Verification ..... SI14

Schedule DL - Part 1 ..... E24

Schedule DL - Part 2 ..... E25

Schedule E - Part 1 - Cash ..... E26

Schedule E - Part 2 - Cash Equivalents ..... E27

Schedule E - Part 3 - Special Deposits ..... E28

Schedule E - Verification Between Years ..... SI15



ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2 .....	31
Schedule S - Part 2 .....	32
Schedule S - Part 3 - Section 2 .....	33
Schedule S - Part 4 .....	34
Schedule S - Part 5 .....	35
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact .....	39
Schedule T - Premiums and Other Considerations .....	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	42
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	43
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14